## **Request for Certified Abutters List**

## ~REQUIRES A \$10.00 DEPOSIT~

		Initials			
	Pd by cash/ck	Adn	ninistrators Initials		
Date:					
Requested By:			Contact Phone #: ()		
	Office will generate & Copriate box for which yo		ted Abutters List, for the appropriate boards. Please the Abutters List.		
□ Во	oard of Health	☐ Conser	vation Commission (Immediate & across the street)		
	anning/Zoning	☐ Liquor	License (Immediate only)		
			HIS SERVICE ARE: 20.00 FOR 25 OR MORE PARCELS.		
Mailing l	abels can be provided for	you at an addition	onal charge of \$5.00 per sheet (30 labels per sheet).		
	Please check here if yo	ou would like lab	els printed for your Certified Abutters List.		
	List of Property Owners	notified in conne	ection with Public Hearing on the petition of		
	- ·				
			s:		
	Map & Parcel ID:		relative to obtaining desirable		
	relief from the Zoning B				
******	********	******	***************		
To the Board	of Appeals:				
parties in intere	st under MGL. Ch. 40A, as	amended to the be	Estate Property Lists, includes the names and addresses of all st of our knowledge and belief.		
Date Complete	ed:	Signed:	Westford Board of Assessors		
Date Called:		_ Intl:	Response/Action:		
	Charge for 25 or more Charge for Label Sheet Total amount due at tin	Abutters is ne of pick-up	\$ \$		
Date received:		_ Completed Ab	Completed Abutters List Received by:		
Amount Paid:	C	ash/Check #	Administrator's Initials		